

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

CHARLESTON

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Charleston, WV 25301

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Charleston, WV 25329
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Reply to: Charleston



THOMAS E. JOHNSTON
Chief Judge

RORY L. PERRY II
Clerk of Court

HUNTINGTON

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Huntington, WV 25701
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Room 1000
601 Federal Street
Bluefield, WV 24701
304/327-9798

COVID-19 JUROR QUESTIONNAIRE

Pursuant to the authority of the United States District Court for the Southern District of West Virginia, you are **DIRECTED** to answer and **return this questionnaire on or before Wednesday, May 11, 2022**. If you elect to return your questionnaire by mail, you may for that purpose use the enclosed addressed and pre-stamped envelope. You can also return your questionnaire by email to chasjury@wvsd.uscourts.gov or fax to (304) 347-3027. Your responses are confidential but will be read by the parties in the case and their counsel.

1. A trial is expected to take place from May 17, 2022, to March 18, 2022, Tuesday through Wednesday from 9:00 a.m. to 5:00 p.m. each day. Do you have any reason not already listed in your other juror questionnaire why you are not able to serve on a jury for those dates?

Check One: Yes _____ No _____

If yes, briefly explain:

2. Do you object to participating in a jury trial as a result of the COVID-19 pandemic?

Check One: Yes _____ No _____

If yes, briefly explain:

3. Have you or someone you live with experienced symptoms of COVID-19, such as fever, nausea, or a cough within the last 14 days?

Check One: Yes _____ No _____

If yes, briefly explain:

4. Have you or someone you live with tested positive for COVID-19?

Check One: Yes _____ No _____

If yes, state when and briefly explain:

5. Have you or someone you live with come in contact with someone who has been diagnosed with COVID-19 in the last 14 days?

Check One: Yes _____ No _____

If yes, briefly explain:

6. Have you and those you live with substantially complied with state and federal guidance regarding social distancing and other preventative safety measures during the COVID-19 pandemic?

Check One: Yes _____ No _____

If no, briefly explain:

7. Do you have any personal belief or physical condition that would prevent you from wearing a face mask indoors for extended periods of time?

Check One: Yes _____ No _____

If yes, briefly explain:

8. Are you a healthcare worker or first responder directly involved with the treatment of COVID-19?

Check One: Yes _____ No _____

If yes, briefly explain:

9. Do you work in a job that places you in direct contact with individuals diagnosed with COVID-19 or do you live with anyone who is?

Check One: Yes _____ No _____

If yes, briefly explain:

10. Have you traveled out-of-state at any time on or after May 4, 2022, or do you plan to engage in such travel prior to May 17, 2022?

Check One: Yes _____ No _____

11. Have you received the COVID vaccination?

Check One: Yes _____ No _____

12. If Yes to question 11 above, did you receive both doses, or, in the alternative, did you receive a vaccine that does not require two doses?

☐ Both doses Dates received: _____ and _____

☐ Singular dose (two not required) Date received: _____